	- FAICH	Effe		ober 1, 20		ION NECC	ho		•	12	80192	,
		CLAIMS A	S FILED		SMALL ENTITY OTHER							
TOTAL CLAIMS			42		. •				FEE	7	· ·	<del></del>
FOR .			NUMBER FILED		NUMBER EXTRA		.	<u> </u>	+	1.		<del>                                     </del>
			##_ minus 20= 6_ minus 3 =		·27 ·3		<u> </u>			┦ <sup>٥</sup>		<del>                                     </del>
							XS 9		<u> </u>	OR	X\$18=	4861
							X4	3=		OR	X86=	258.
IVI	OLTIPLE DEPE	INDENT COAIM I	HESENI		SMALL ENTITY TYPE OR SMALL ENTITY TYPE OR SMALL ENTITY  RATE FEE BASIC FEE 385.00 OR BASIC FEE 770.00  XS 9= OR XS18= 426.70  AX 9= OR X86= 257.70  COLUMN 2)  COLUMN 3)  FIGHEST NUMBER PRESENT REVIOUSLY PAID FOR  COLUMN 2) (COLUMN 3)  HIGHEST NEW YOUSLY PAID FOR  COLUMN 2) (COLUMN 3)  HIGHEST NUMBER PRESENT REVIOUSLY PAID FOR  SMALL ENTITY OR SMALL ENTITY  OR TOTAL SY 42.70  OTHER THAN  OR X86= 257.70  OTHER THAN  OR X86= 257.70  OTHER THAN  OR X86= 257.70  OTHER THAN  OR TOTAL SY 42.70  OTHER THAN  OR X86= 257.70  OTHER THAN  OR ADDIT FEE  OR X818=  OR X86= 0R  TOTAL OR ADDIT FEE  OR X818= 10  OTHER THAN  OR X86= 257.70  OTHER THAN  OR X							
•	f the differenc	e in column 1 is	less than	zero, enter	"0" in	column 2	TO	TAL.		4	<u></u>	1516
	. (	CLAIMS AS	AMENDE	D - PART	T II			•		J • · ·	•	
		(Column 1)				(Column 3)	SM	ALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT &		CLAIMS REMAINING AFTER AMENDMENT.		NUME PREVIO	BER		RA	ΓE	TIONAL		RATE	TIONAL
	Total	- 13	Minus	L	17		xs	9=		OR	X\$18=	
	Independent	. 3	Minus	***			X43	}=			X86≈	
•	FIRST PRESI	ENTATION OF M	ULTIPLE D	EPENDENT	CLAIM					- OH		
	•		•							OR		
										OR	TOTAL ADDIT. FEE	<u> </u>
		(Column 1)	<del></del>			(Column 3)						•
		REMAINING AFTER AMENDMENT		NUMB PREVIO	ER USLY		RAT	Ε	TIONAL		RATE	TIONAL
	Total	•	Minus	**		=	X\$ 9	)=		OR	X\$18=	
	independent	•	Minus	100		<b>=</b> .	X43		•		Y86-	
	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT (	CLAIM		A-0			OR	<del>~~~</del>	· · ·
										OR	+290=	•
									·	OR ,		
		(Column 1)		(Columi	n 2)	(Column 3)	•	٠			• •	•
		CLAIMS REMAINING AFTER AMENDMENT		PREVIOU	ER JSLY		RATI	=	ΠONAL		RATE	TIONAL
	Total	•	Minus	**		8	X\$ o			<u>,</u>	X\$18-	
	Independent	•	Minus					+				
I	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							4		OR	X86=	
							+145		· [	OR	+290=	
H H	the entry in colum	nn 1 is.less than th nber Previously Pa	e entry in coli id For IN TH	umn 2, write " IS SPACE in I	o" in colu	.mn 3. 20. enter *20 *				~ . L		
•	i the "Highest Nur	mber Previously Pa	Id For IN TH	IIS SPACE IS I	ess than	3. enter *3.* · .				. 4		
j	ne "Highest Num	per Previously Paid	For (Total c	or independent	t) is the	highest number (	ound in the	appr	opriate box	in colu	mn 1.	

Application or Docket Number